

# 17 Limpopo Province

## Mopani District Municipality

Mopani district in Limpopo has a population of 1 084 650 people with a population density of 54 people per km<sup>2</sup>. Just over 9% of the population belong to a medical aid scheme.

The PHC expenditure per capita increased from R574 in 2010/11 to R589 in 2011/12. The total district expenditure of R1 338 per capita is lower than the provincial average of R1 350. The PHC expenditure per headcount was R182. Of the total district health services expenditure, 43.8% was spent on PHC, 46.9% on district hospital services, the lowest in the province, and 9.3% on district management, the highest proportion in the province.

The PHC fixed facility supervisory rate of 78.1% is the second lowest in the province. The PHC utilisation rate was 2.9 visits per person per year, which is higher than the provincial average of 2.8 visits and also higher than the national average of 2.5 visits. The PHC utilisation rate under 5 years was 6.4 visits per child per year, the third highest in the province and in the country.

The district has 0.8 district hospital beds per 1 000 population, which is higher than the national average of 0.7. The bed utilisation rate was 70.7%, the second lowest for the province. The average length of stay was 4.2 days, which is lower than the national average of 4.3 days and the lowest in the province. Expenditure per PDE was R1 663 – slightly higher than the national average of R1 653 and the second lowest in the province.

Diarrhoeal incidence under 5 years was 220.5 per 1 000 children, over twice the national average of 95.9 as well as being the second highest in the province and in the country. The mortality rate among children under 5 years due to diarrhoea with dehydration was 6.8%, the lowest in the province. Vitamin A coverage for children aged to 12 to 59 months increased from 30.9% in 2010/11 to 44.4% in 2011/12 – slightly above the national average of 43.4%, yet the second lowest in the province.

The stillbirth rate was 20.2 per 1 000 births, which is lower than the national average of 22.5 and the second lowest in the province. The early neonatal death rate increased from 10.6 per 1 000 live births in 2010/11 to 12.1 in 2011/12 – the second highest in the province. The under-1 facility mortality rate was 9.5%, the second lowest in the province but well above the national rate of 6.8%. The under-5 facility mortality rate was 7.6%.

Although the children's immunisation coverage reflected an improvement from 2010/11 to 2011/12, the selected immunisation indicators have values exceeding 100%,<sup>a</sup> which casts doubts on the data quality. The district's immunisation coverage under 1 year increased from 93% to 106.1% and was the highest in the province. The pneumococcal vaccine 3rd dose coverage increased from 79.5% to 106.8%; the rotavirus 2nd dose coverage increased from 72.0% to 113.3%; and the measles 1st dose under 1 year coverage increased from 99.9% to 114.0% (the second highest in the province and fourth highest in the country). The measles 1st to 2nd dose drop-out rate increased from 14.5% in 2010/2011 to 16.0% in 2011/12, which is the second highest in the province.

The Caesarean section rate was 18.0%. The proportion of deliveries in facility to women under 18 years has remained constant at 8.4% for the last three years. The 2011/12 facility maternal mortality ratio (MMR) recorded in the DHIS was 150.9 per 100 000 live births, the second lowest in the province. This MMR value is higher than that of the 2010 National Committee on Confidential Enquiries into Maternal Deaths data of 121.1 per 100 000 live births.

The rate of antenatal visits before 20 weeks decreased slightly from 41.7% in 2010/11 to 40.8% in 2011/12. There was, however, an increase in the cervical cancer screening coverage from 48.4% to 57.1% in the same period. The couple year protection rate also increased from 39.2% in 2010/11 to 44% in 2011/12, ranking it the highest in the province. The male condom distribution rate also showed an increase over the same period from 15.8 condoms per year per male aged 15 years and older to 23.5 condoms.

The TB two-month smear conversion rate increased annually from 58.5% in 2008 to 71.2% in 2011, the second highest in the province in 2011. The new smear-positive TB cure rate improved from 69.3% in 2008 to 76.2% in 2010, while the new smear-positive PTB defaulter rate was the second lowest in the province at 5.1% in 2010.

The antenatal client HIV 1st test rate of 101.0%<sup>b</sup> is above the national average of 98.0%. The antenatal client HIV 1st test positivity rate dropped from 17.8% in 2010/11 to 15.7% in 2011/12. The antenatal client HIV prevalence (from routine data) was 24.4% in 2010/11 and decreased slightly to 23.7% in 2011/12, also below the national average of 27.9%. The 2010 HIV Antenatal Sero-prevalence Survey recorded an HIV prevalence rate of 24.9%. The rate of antenatal clients initiated on HAART of 76.1% is below the national average of 80.4%.

a A coverage rate exceeding 100% may be due to poor data quality or an underestimation of the under-1 population.

b A rate exceeding 100% is an indication of poor data quality.

The uptake rate of babies that were PCR tested around 6 weeks was 83.3% in 2011/12, a slight decrease from 85.7% in 2010/11 and the second lowest in the province. The proportion of babies that tested PCR-positive six weeks after birth in 2011/12 was 4.5%, a five-fold decrease from 23.2% in 2010/11. Data from the National Health Laboratory Services showed a minimal increase from 41.7% in 2010/11 to 42.1% in 2011/12 in the early infant HIV diagnosis coverage, while the same data reflected proportion of infants who were HIV-positive under two months was 2.4% in 2011/12.

The 33.5% rate of HIV-positive infants under 18 months initiated on HAART is the lowest in the province and seriously lower than the 53.3% in 2010/11. This rate is also well below the 2011/12 national rate of 54.4%.

The hypertension detection rate was 0.1%. Mental health case load was 1.3% of the total case load.

The district's 2009 burden of disease (BoD) profile is considered from an analysis of the causes of death. Mopani's 2009 quality of death certification was poor, with 38.5% of the certificates submitted not being useful for public health analysis. This is above the South African mean of 30.2% and a long way from the internationally recognisable standard of 10%. Of the unusable classifications, 28.2% of deaths were assigned to 'ill-defined' causes and 10.3% to 'garbage codes'. An analysis of the Years of Life Lost (YLLs) after redistribution of the deaths by four broad cause groups reflects that the highest proportion of YLLs was due to communicable diseases (together with maternal, perinatal and nutritional conditions) (45.2%), followed by non-communicable diseases (26.4%). HIV and TB (20.6%) ranked third whilst the lowest proportion (7.8%) of YLLs was due to injuries.

**Figure 1: Leading causes of Years of Life Lost (YLLs): LP – DC33: Mopani District Municipality**

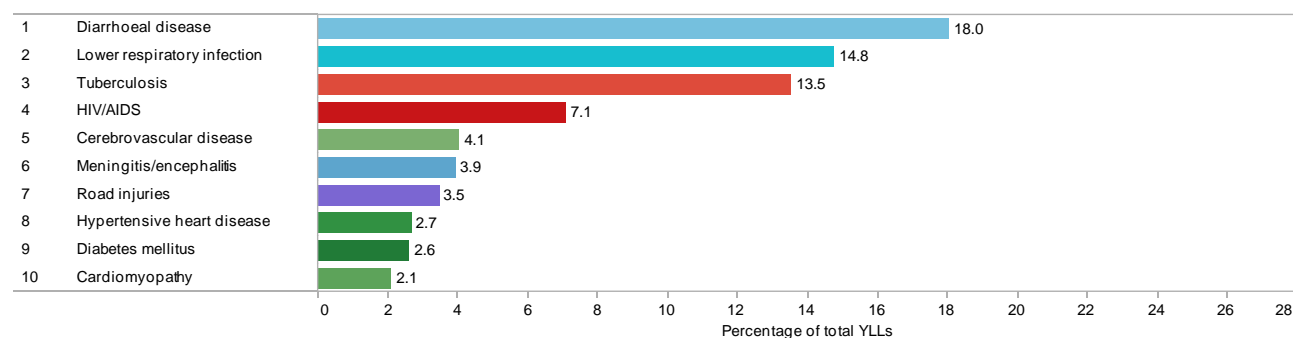


Figure 2: Annual indicators for district: Mopani: DC33

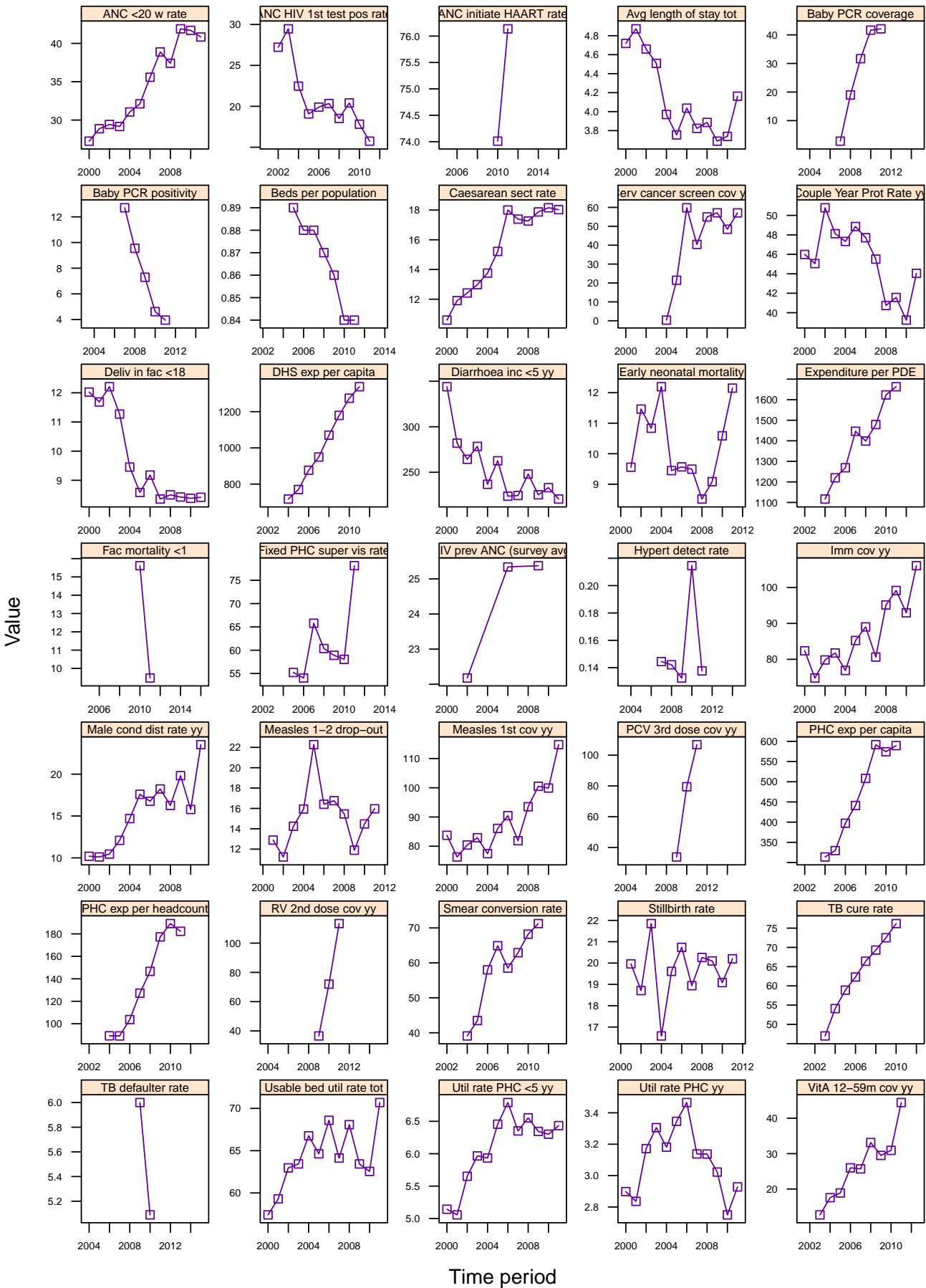
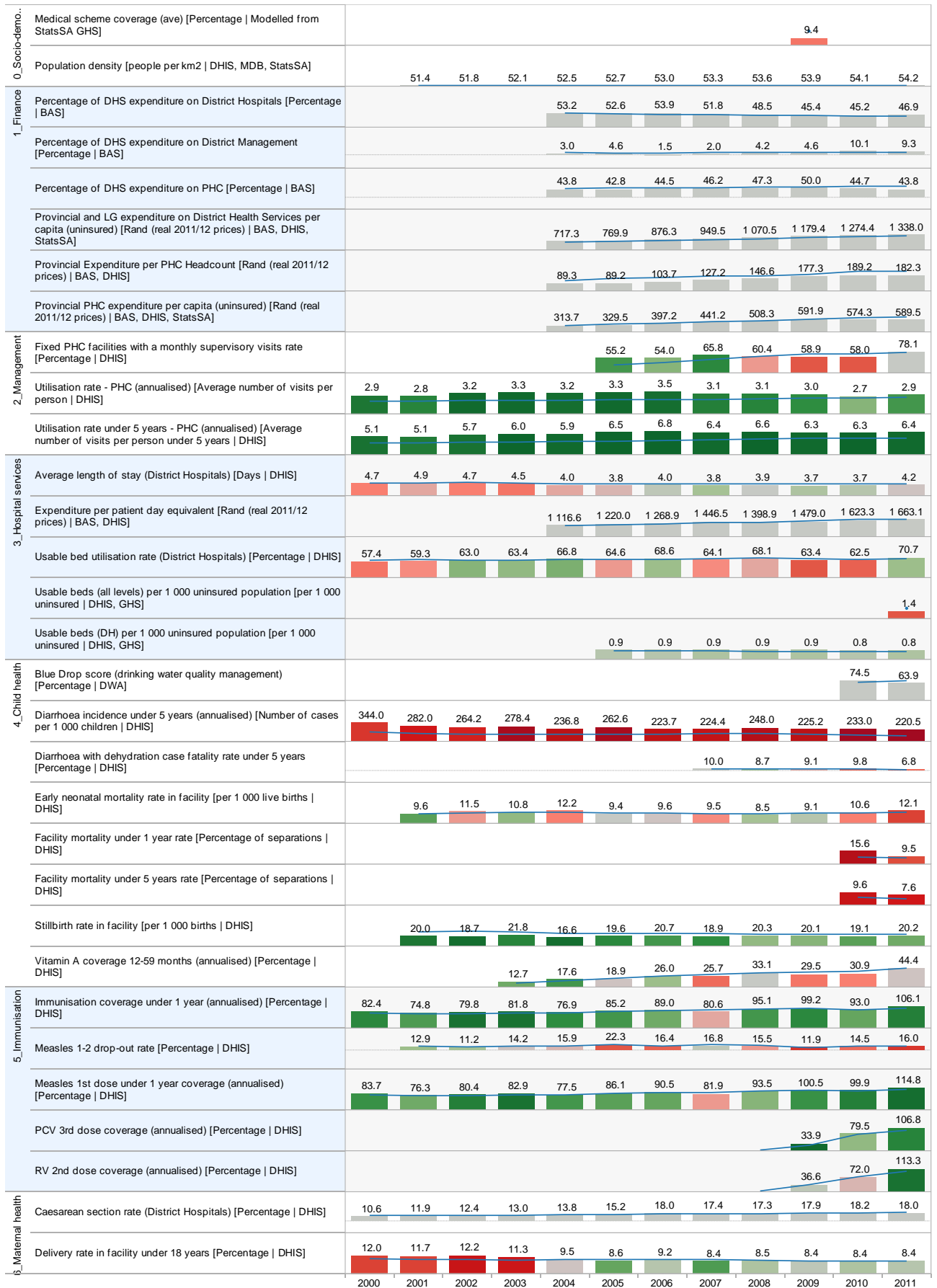
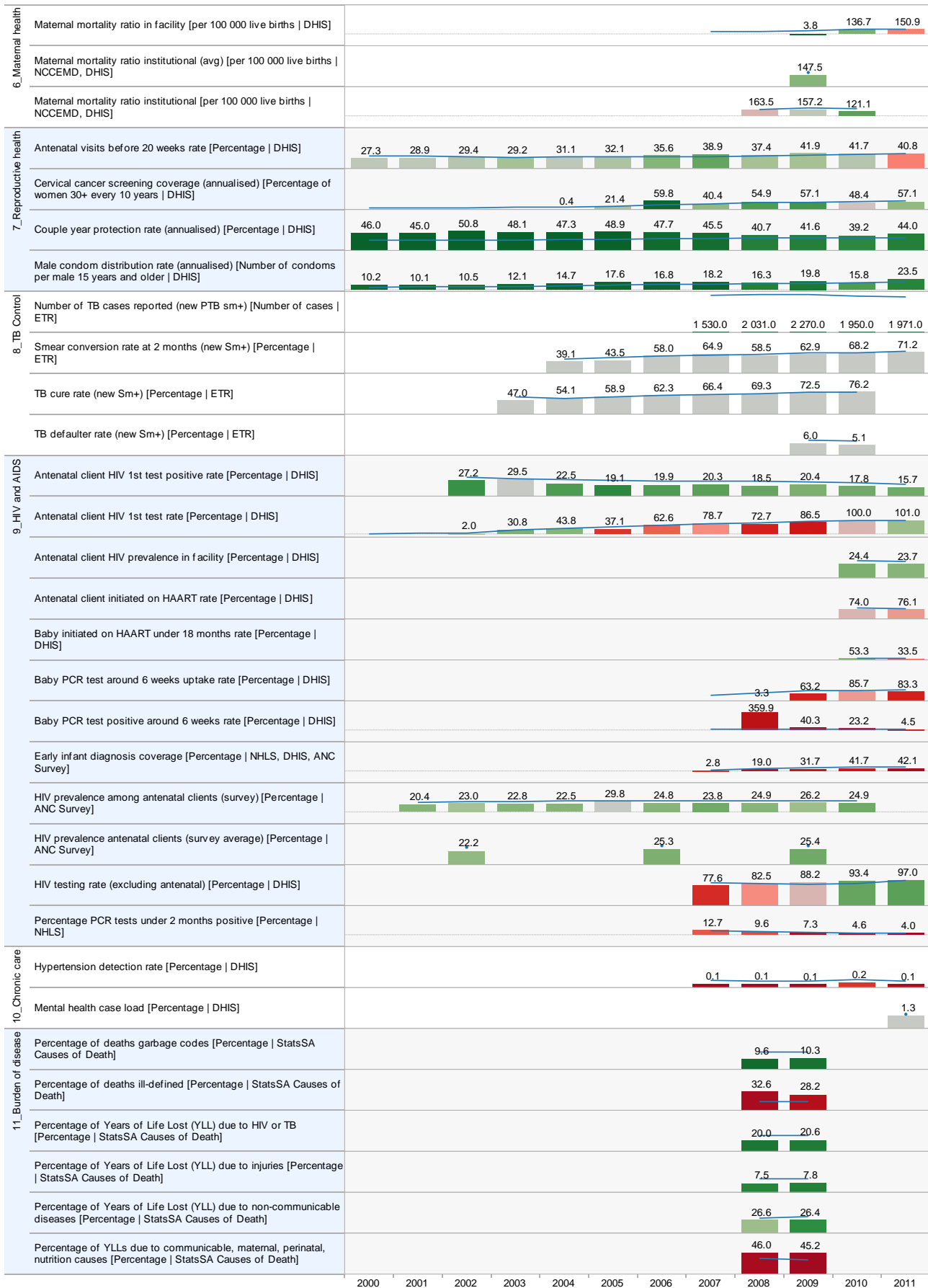


Figure 3: District page: LP – DC33: Mopani District Municipality



SA value or average District rank (1=best)  
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## Section B: National and District Profiles



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## Vhembe District Municipality

Vhembe district in Limpopo province has a population 1 302 107 people with a population density of 50.9 people per km<sup>2</sup>. The proportion of the population with medical aid coverage is 7.2%.

PHC expenditure per capita increased from R561 in 2010/11 to R607 in 2011/12. The total district expenditure of R1 407 per capita is higher than the provincial average of R1 350 and second highest in the province. PHC expenditure per headcount was R178 in 2011/12, an increase from R169 in 2010/11. The proportion of total district expenditure on PHC was 42.9%, 8.2% on district management and 48.9% on the district hospital services.

The PHC fixed facility supervisory rate of 96.6% is the highest in the province and the second highest in the country. The PHC utilisation rate was 3.2 visits per person per year and the PHC utilisation rate under 5 years was 6.5 visits per child per year.

The district has 0.9 district hospital beds per 1 000 population. The bed utilisation rate was 79.7%, which is the highest for the province. The average length of stay of 4.9 days was the highest in the province. Expenditure per PDE was R1 660.

Diarrhoeal incidence under 5 years was 245.3 per 1 000 children, the highest in the country. The mortality rate among children under 5 years due to diarrhoea with dehydration was 7.4%. Vitamin A coverage for children aged to 12 to 59 months was 44.9%.

The stillbirth rate at 17.7 per 1 000 births and the early neonatal death rate of 8.0 per 1 000 live births were the lowest in the province. The under-1 facility mortality rate was 8.2%, the lowest in the province but still above the national average of 6.8%. The under-5 facility mortality rate was 5.4% – also the lowest in the province.

Although the children's immunisation coverage increased between 2010/11 and 2011/12, some of the immunisation indicators have percentages exceeding 100%.<sup>a</sup> The actual increase in under 1 year immunisation coverage was from 98.5% to 100.4% and is the second highest in the province. The pneumococcal vaccine 3rd dose coverage increased from 86% to 104.5%, the rotavirus 2nd dose coverage increased from 81.9% to 104.2% (the lowest in the province) and the measles 1st dose under 1 year coverage increased from 93.2% to 103.5% (also the lowest in the province). The measles 1st to 2nd dose drop-out rate unfortunately increased from 11.7% in 2010/11 to 15.2% in 2011/12.

The Caesarean section rate was 19.3%, the highest in the province. The proportion of deliveries in facility to women under 18 years was 8.9%, also the highest in the province. The facility maternal mortality ratio (MMR) recorded in the DHIS was 149.7 per 100 000 live births, the lowest in the province. The 2010 National Committee on Confidential Enquiries into Maternal Deaths data reflected an MMR of 78.7 per 100 000 live births.

The rate of antenatal visits before 20 weeks rate decreased slightly from 41.8% in 2010/11 to 39.5% in 2011/12, the lowest in the province. There was, however, an increase in the cervical cancer screening coverage from 62.1% to 70.1% in the same period – the highest in the province. The couple year protection rate was 37%. The male condom distribution rate increased from 13.9 condoms per year per male aged 15 and older in 2010/11 to 20.8 in 2011/12.

The TB two-month smear conversion rate increased annually from 74.3% in 2008 to 82.3% in 2011, this representing the highest rate in the province. The new smear-positive TB cure rate improved from 75% in 2008 to 79.9% in 2010 and is also the highest in the province. The new smear-positive TB defaulter rate was 5.2% in 2010.

The rate of antenatal clients HIV 1st tested was 102.2%.<sup>b</sup> The antenatal client HIV 1st test positivity rate was 12.3%, the lowest in the province. The antenatal client HIV prevalence (from the routine data) was 22.2% in 2010/11 and decreased to 17.9% in 2011/12, which is well below the national average of 27.9% and very similar to the prevalence rate of 17.05% reflected in the 2010 HIV Antenatal Sero-prevalence Survey. The rate of antenatal clients initiated on HAART was an excellent 85.6%, the highest in the province and above the national average of 80.4%.

The uptake rate of babies that were PCR tested around 6 weeks was 64.9% in 2011/12, an improvement from the 59.8% of 2010/11 but still the lowest in the province. The proportion of babies that tested PCR-positive six weeks after birth in 2011/12 was 4.1%, a 2.5 times decrease from 10.6% in 2010/11. According to the National Health Laboratory Services data the early infant HIV diagnosis coverage was 41.9% in 2011/12 and the proportion of infants under two months who were tested HIV-positive was 3.1%. The 75.2% rate of infants under 18 months initiated on HAART in 2011/12 is the highest in the province and also well above the national average of 54.4%.

The hypertension detection rate was 0.2%. The mental health case load was 1.6% of the total case load and above the national average of 1.4%.

a A coverage rate exceeding 100% may be due to poor data quality or an underestimation of the under-1 population.

b A rate exceeding 100% is an indication of poor data quality.

## Section B: National and District Profiles

The district's 2009 burden of disease (BoD) profile is considered from an analysis of the causes of death. Vhembe's 2009 quality of death certification was poor, with 42% of the certificates submitted not being useful for public health analysis. This is above the South African mean of 30.2% and a long way from the internationally recognisable standard of 10%. Of the unusable classifications, 32% of deaths were assigned to 'ill-defined' causes and 10% to 'garbage codes'. An analysis of the Years of Life Lost (YLLs) after redistribution of the deaths by four broad cause groups reflects that the highest proportion of YLLs was due to Communicable diseases (together with maternal, perinatal and nutritional conditions) (38.8%), followed by non-communicable diseases (30.7%). HIV and TB (21.6%) ranked third whilst the lowest proportion (8.9%) of YLLs was due to injuries.

**Figure 1: Leading causes of Years of Life Lost (YLLs): LP – DC34: Vhembe District Municipality**

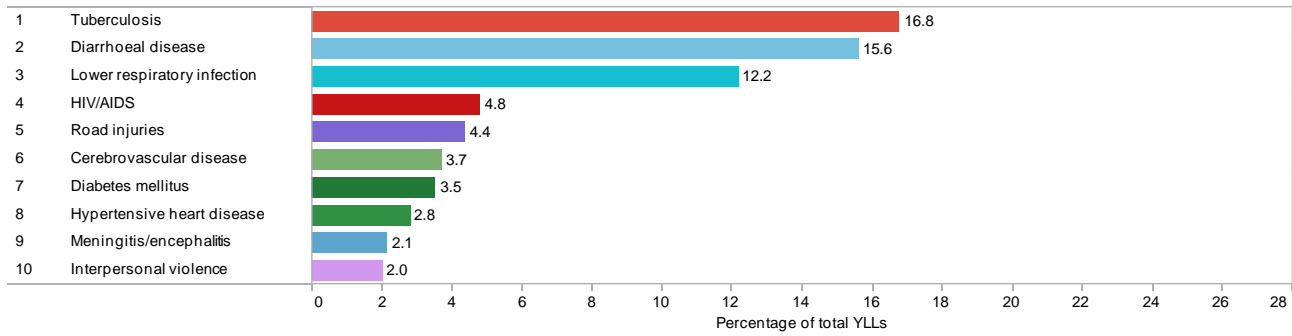


Figure 2: Annual indicators for district: Vhembe: DC34

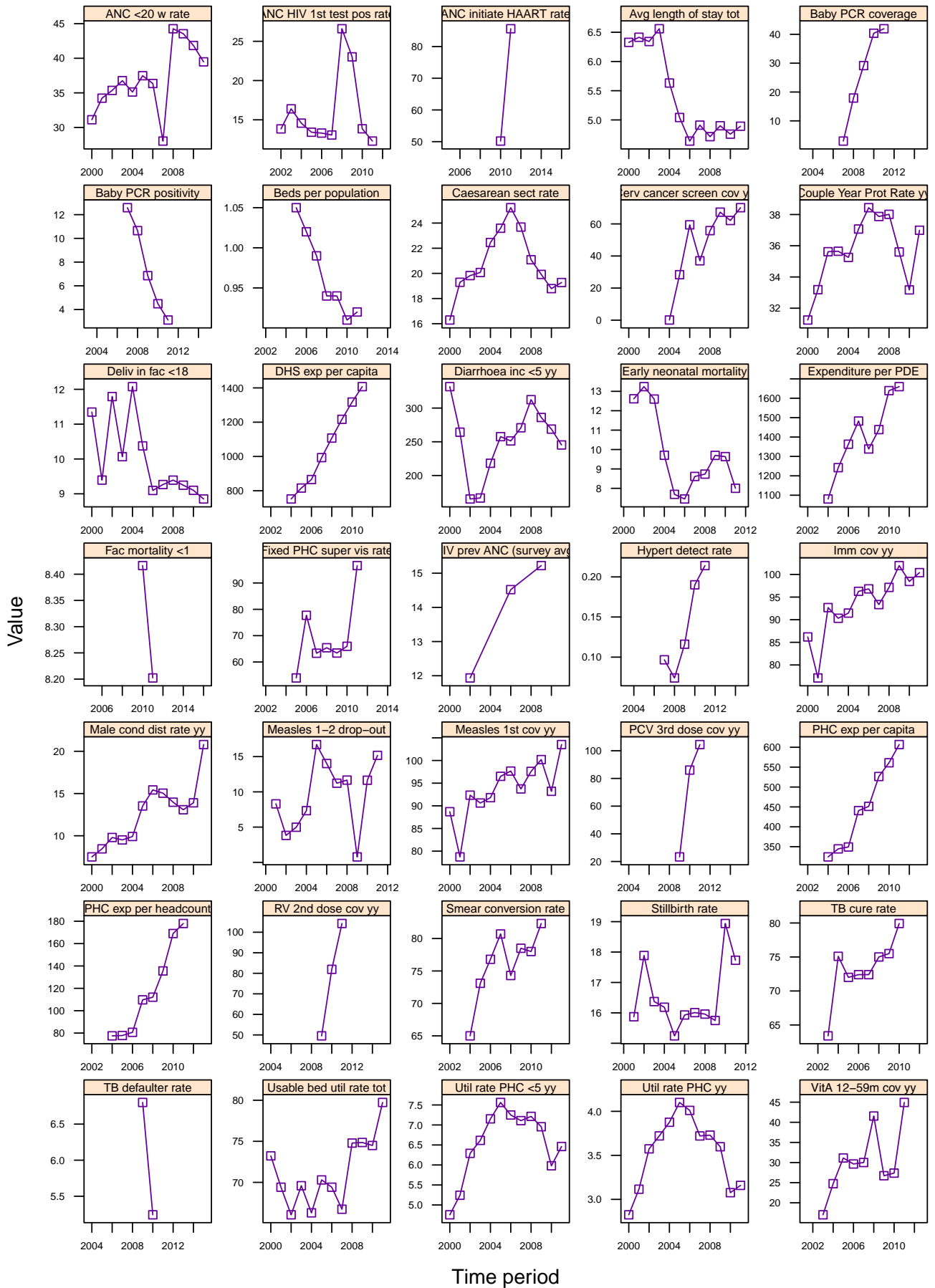
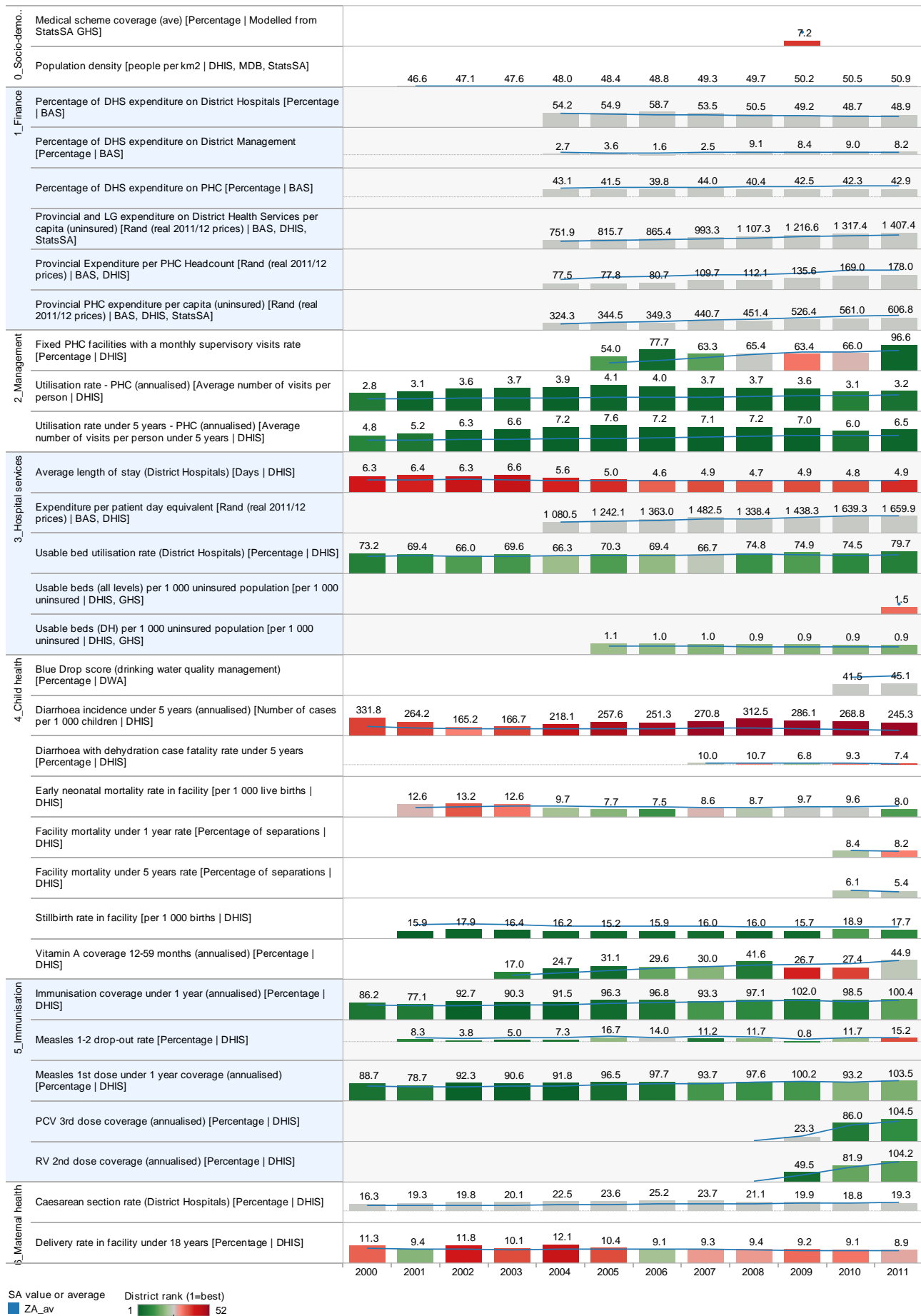
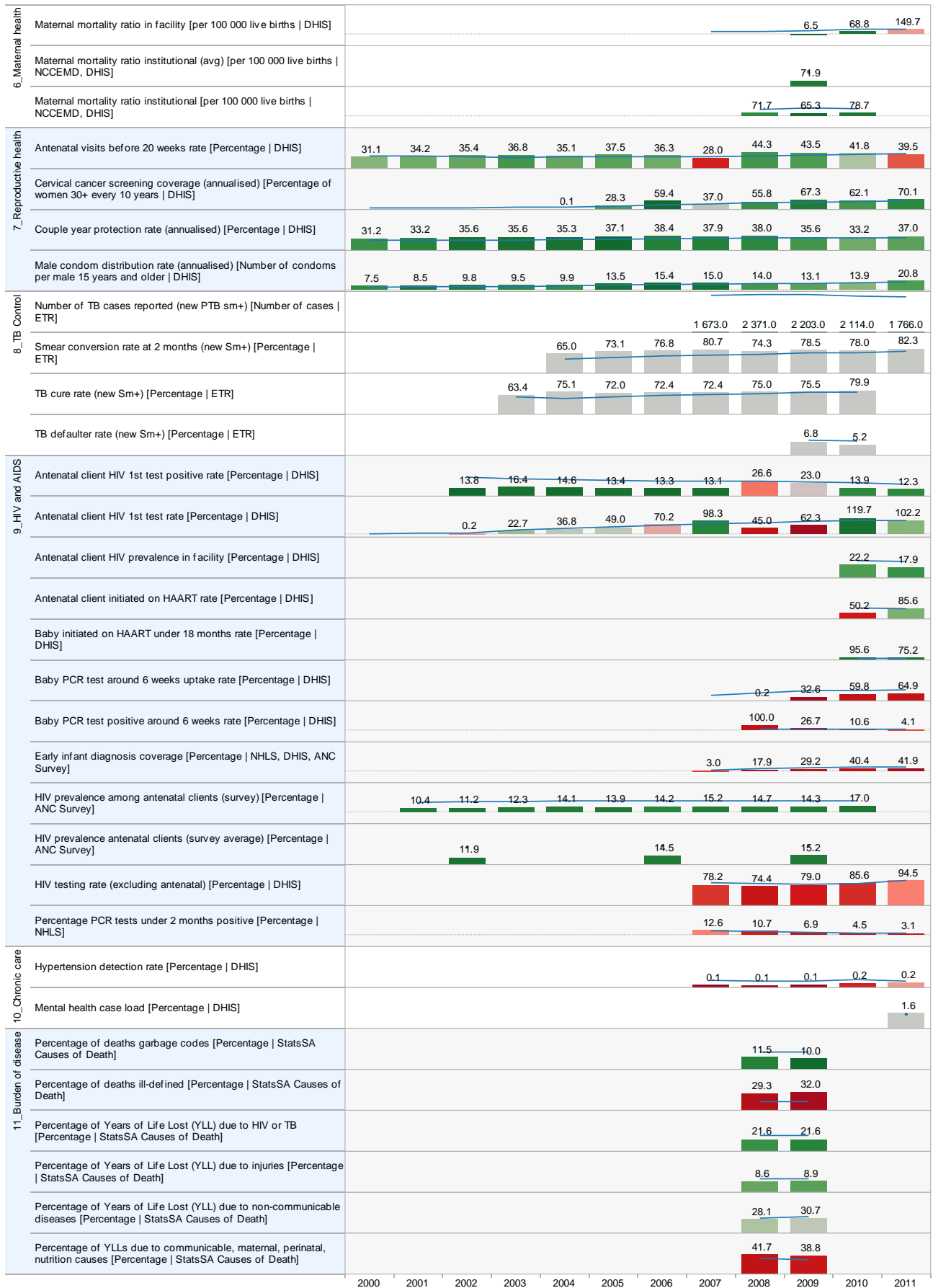




Figure 3: District page: LP – DC34: Vhembe District Municipality





SA value or average District rank (1=best)  
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## Capricorn District Municipality

Capricorn district in Limpopo has a population of 1 204 495 people and the second highest population density in the province (55.5 people per km<sup>2</sup>). The proportion of the population with medical aid coverage is 6.6%.

The PHC expenditure per capita was R552 – the lowest in the province. The total district expenditure was R1 193 per capita. PHC expenditure per headcount was R173 in 2011/12, an increase from R163 in 2010/11. The proportion of total district expenditure spent on PHC was 46.4%, while 6% was spent on district management. The proportion of total district expenditure spent on district hospital services was 47.6%.

The PHC fixed facility PHC supervisory rate was 82.8%. The PHC utilisation rate was 3.0 visits per person per year, which is higher than both the provincial average of 2.8 visits and the national average of 2.5 visits. The PHC utilisation rate under 5 years was 5.9 visits per child per year.

The district has 0.7 district hospital beds per 1 000 population. The bed utilisation rate showed an increase from 61.9% in 2010/11 to 72.1% in 2011/12. The average length of stay was 4.4 days. The expenditure per PDE was R1 851 – the second highest in the province and higher than the national PDE expenditure of R1 653.

Diarrhoeal incidence under 5 years was 121.7 per 1 000 children. The mortality rate among children under 5 years due to diarrhoea with dehydration was 9.2%. Vitamin A coverage for children aged to 12 to 59 months at 46.2% is higher than the national average of 43.4%.

The stillbirth rate was 26.5 per 1 000 births, which is higher than the national average of 22.5 and is the highest in the province. The early neonatal death rate at 16.0 per 1 000 live births is also the highest in the province and the fourth highest in the country. The under-1 facility mortality rate was 11.3% – the second highest in the province and well above the national average of 6.8%. The under-5 facility mortality rate was 8.3%.

The immunisation coverage under 1 year decreased from 101.7%<sup>a</sup> in 2010/11 to 98% in 2011/12. The pneumococcal vaccine 3rd dose coverage, however, increased from 75.1% to 100.1%, the rotavirus 2nd dose coverage increased from 67.3% to 106.5% and the measles 1st dose coverage increased from 105.3% to 107.8% for the same period. The measles 1st to 2nd dose drop-out rate decreased to 8% in 2011/12 to be the lowest in the province.

The Caesarean section rate increased from 16.0% in 2010/11 to 16.6% in 2011/12. The proportion of deliveries in facility to women under 18 years has remained constant at 7.2% for the last three years. The facility maternal mortality ratio (MMR) recorded in the DHIS was 354.2 per 100 000 live births, the highest in the country. This value is much higher than the value for 2010 from the National Committee on Confidential Enquiries into Maternal Deaths data of 251.3 per 100 000 live births.

The rate of antenatal visits before 20 weeks was 41.0%, the cervical cancer screening coverage was 55.6% and the couple year protection rate was 28.8%. The male condom distribution rate was 15.7 condoms per male aged 15 years and older.

The TB two-month smear conversion rate increased annually from 58.4% in 2007 to 67.8% in 2011. The new smear-positive TB cure rate improved from 69.9% in 2007 to 78.2% in 2010. The new smear-positive TB defaulter rate was the lowest in the province at 4.2% in 2010.

The antenatal client HIV 1st test rate remains the highest in the province at 105.8%.<sup>b</sup> The antenatal client HIV 1st test positivity rate was 17.5% – the highest in the province. The antenatal client HIV prevalence (from the routine data) was 22.8% in 2011/12, which is below the national prevalence of 27.9%. The 2010 HIV Antenatal Sero-prevalence Survey recorded an HIV prevalence rate of 23.7%. The rate of antenatal clients initiated on HAART of 81.8% was above the national rate of 80.4%.

The babies that were PCR tested around 6 weeks was 93.7%, a huge improvement from 78.7% in 2010/11 and the highest in the province. The proportion of babies that tested PCR-positive six weeks after birth decreased four-and-a-half times from 17.4% in 2010/11 to 3.8% in 2011/12. Data from the National Health Laboratory Services showed that early infant HIV diagnosis coverage increased from 47.0% in 2010/11 to 56.0% in 2011/12, while the same data reflected the proportion of infants who tested HIV-positive under two months as 2.9%.

The rate of infants under 18 months initiated on HAART more than halved from 77.1% in 2010/11 to 35.2% in 2011/12. This is below the national average of 54.4% and suggests the need for an investigation.

The hypertension detection rate was 0.1%. Mental health case load was 1.3% of the total case load.

The district's 2009 burden of disease (BoD) profile is considered from an analysis of the causes of death. Capricorn's 2009 quality of death certification was relatively poor with 27.3% of the certificates submitted not being useful for public health analysis. Although this is below the South African mean of 30.2%, it is a long way from the internationally recognisable standard of 10%. Of the unusable classifications, 14.1% of deaths were assigned to 'ill-defined' causes and 13.2% to 'garbage

a A coverage rate exceeding 100% may be due to poor data quality or an underestimation of the under-1 population.

b A more than 100% rate is an indication of poor data quality.

codes'. An analysis of the Years of Life Lost (YLLs) after redistribution of the deaths by four broad cause groups reflects that the highest proportion of YLLs was due to Communicable diseases (together with maternal, perinatal and nutritional conditions) (38.9%), followed by non-communicable diseases (32.6%). HIV and TB (19.2%) ranked third whilst the lowest proportion (9.3%) of YLLs was due to injuries.

**Figure 1: Leading causes of Years of Life Lost (YLLs): LP – DC35: Capricorn District Municipality**

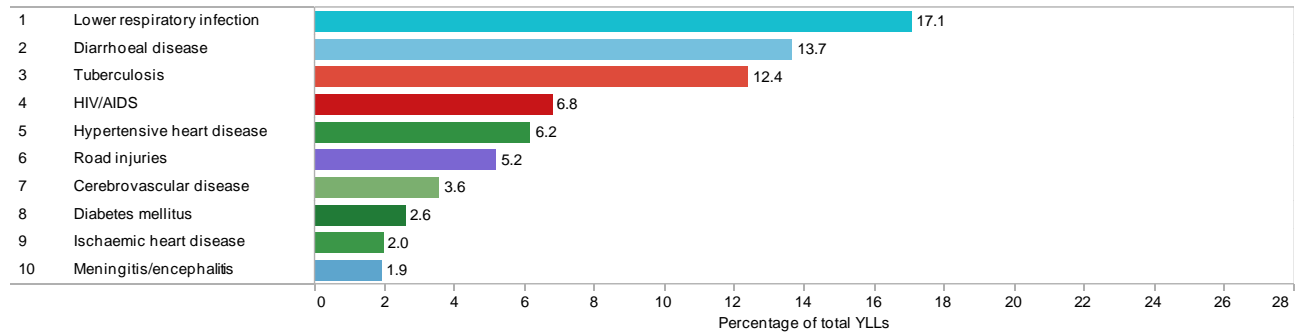


Figure 2: Annual indicators for district: Capricorn: DC35

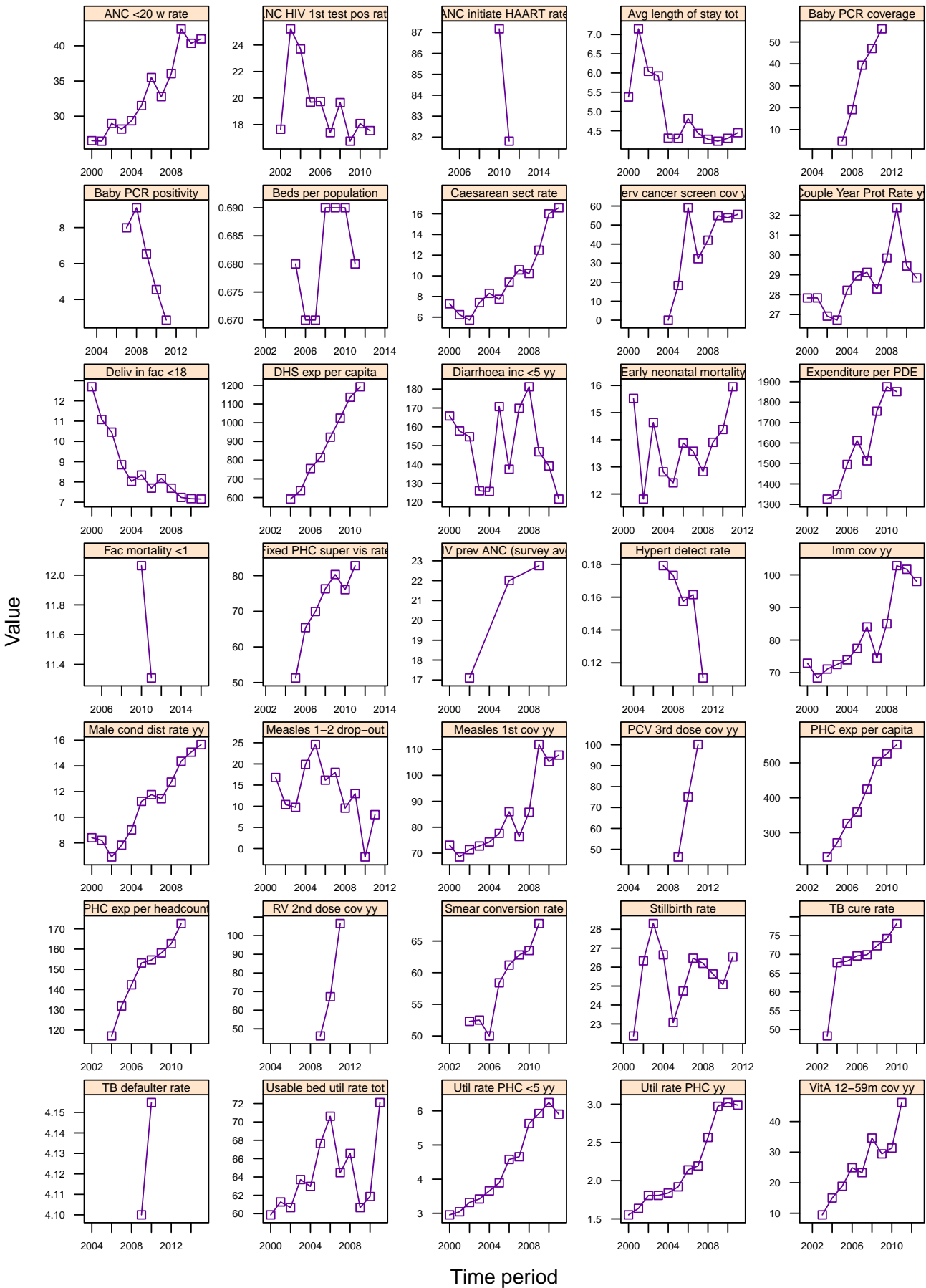
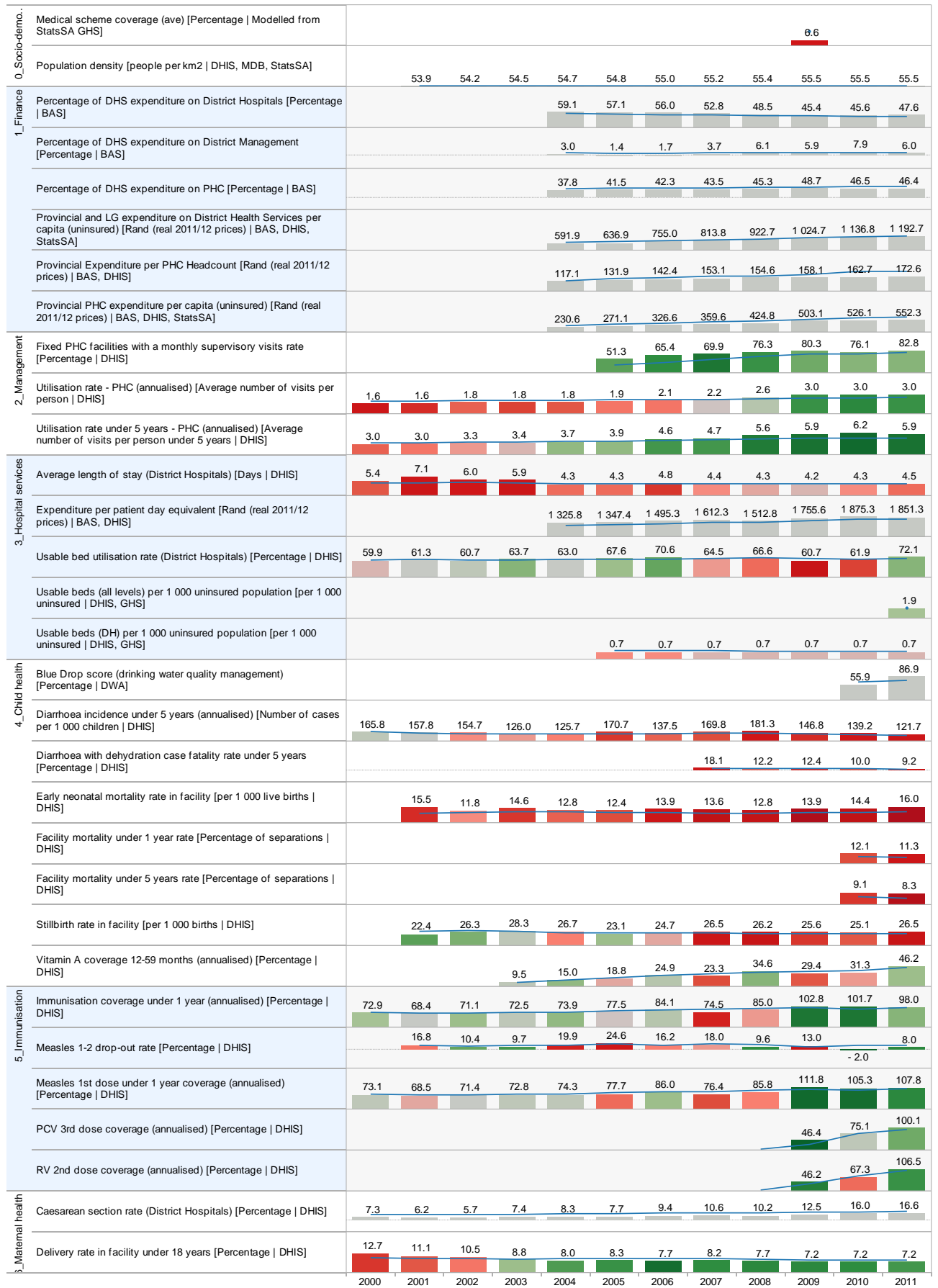
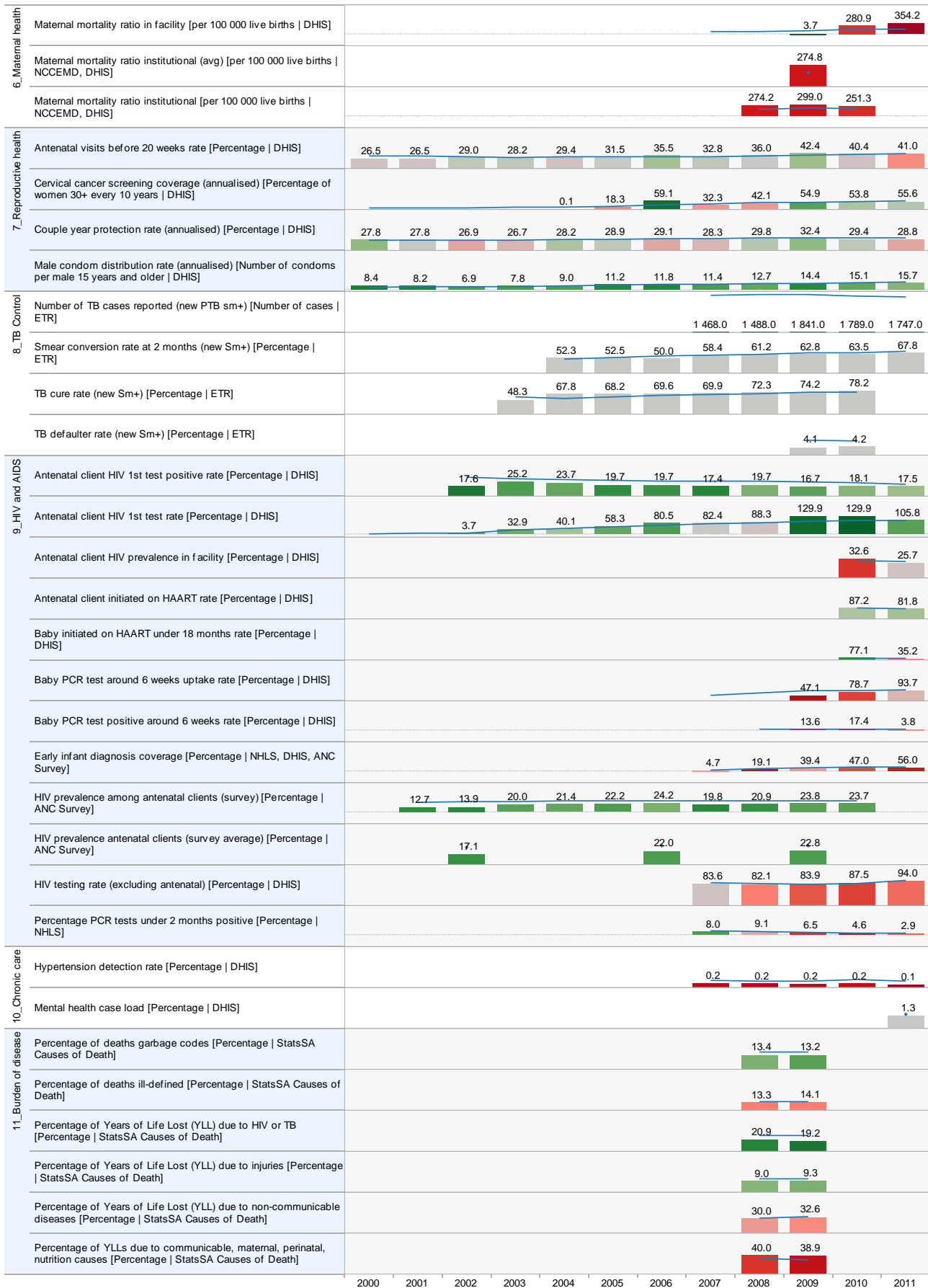


Figure 3: District page: LP – DC35: Capricorn District Municipality



SA value or average District rank (1=best)  
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## Section B: National and District Profiles



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## Waterberg District Municipality

Waterberg district is situated in the south western part of the Limpopo province, with a population of 677 498 and a population density of 15.1 persons per km<sup>2</sup>. Medical scheme coverage was 16.7%.

The PHC expenditure per headcount decreased from R264 in 2010/11 to R242 in 2011/12, but is still the highest in the province despite the drop. The PHC per capita expenditure increased from R609 in 2010/11 to R631. The total district per capita expenditure of R1 817 is the highest in the province and well above the provincial average of R1 350. The proportion of district expenditure on PHC was 34.3%, well below the provincial average of 43.1%. Expenditure on district management accounted for 7.7% of the budget, while the proportion of expenditure on district hospital services was 57.9%. This proportion is above both the provincial (49.3%) and national (39.1%) averages.

The PHC fixed facility supervisory rate increased from 53.5% to 63.9%, although this remains the lowest in the province. The PHC utilisation rate was 2.2 visits per person per year and the PHC utilisation rate for under 5 years was 4.9 per child per year. Both utilisation rates were the lowest in the province.

Waterberg district has 1.3 district hospital beds per 1 000 population, higher than both the provincial and national averages of 0.8 and 0.7 respectively. The bed utilisation rate was 61.4%, the lowest in the province, with an average length of stay of 4.5 days. The average expenditure per PDE was R2 239, well above the provincial average of R1 812 and the national average of R1 653.

The under-5 diarrhoeal incidence was 115.5 per 1 000 children under 5 years. The mortality rate among children under 5 years due to diarrhoea with dehydration was 12.6%, an increase from 10.2% in 2010/11 and the highest in the province. The vitamin A coverage in children aged 12 to 59 months was 44.1%, slightly higher than the national average of 43.4%. This rate has almost doubled since 2003/04.

The stillbirth rate was 21.3 per 1 000 births and has remained constant slightly above 21 per 1 000 births over the past three years. The early neonatal death rate was 10.2 per 1 000 live births. The facility under-1 mortality rate decreased from 12.0% in 2010/11 to 10.3% in 2011/12 but it is still above the national average of 6.8%. The facility under-5 mortality rate was 6.3%, a decrease from 8.3% in 2010/11.

The immunisation coverage under 1 year increased from 80.6% in 2010/11 to 86.9% in 2011/12. Over the same period the pneumococcal vaccine 3rd dose coverage increased from 80% to 103.2%, the rotavirus 2nd dose coverage increased from 82.8% to 109.6% and the measles 1st dose under 1 year coverage increased from 90.4% to 103.5%. The indicators that have numerators greater than the denominators resulting in coverage rates of more than 100% may indicate data quality issues. The measles 1st to 2nd dose drop-out rate increased dramatically from 4.0% to 21.2%.

The Caesarean section rate has shown a steady increase since 2007/08 and was 18.8% in 2011/12. The proportion of deliveries in facilities to women under 18 years was 8.3%. The facility maternal mortality ratio (MMR) recorded in the DHIS was 150.1 per 100 000 live births, which is lower the provincial average of 184.6 but higher the national average of 144.9. The 2010 MMR from the National Committee for the Confidential Enquiries into Maternal Deaths data was 216 per 100 000 live births.

The rate of antenatal visits before 20 weeks was 44.5% and the cervical cancer screening coverage 54.1%. An increase was recorded in the couple year protection rate from 28.1% in 2010/11 to 39.4% in 2011/12. The male condom distribution rate more than doubled from 10.8 condoms per male 15 years and older in 2010/11 to 27, a rate above the provincial average of 19.7 condoms.

The TB two-month smear conversion rate improved from 55.6% in 2010 to 64.9% in 2011. The new smear-positive TB cure rate improved from 62.4% in 2009 to 65.4% in 2010, but is still the lowest in the province. The new smear-positive TB defaulter rate decreased from 13.2 in 2009 to 9.8 in 2010, which is still the highest in the province despite the improvement.

The antenatal client HIV 1st test rate dropped from 100.9% in 2010/11 to 99.4% in 2011/12. The antenatal client HIV 1st test positive rate decreased slightly from 24% in 2010/11 to 21.7%. The antenatal client HIV prevalence (routine data) was 26.7% and in line with the 2010 HIV Antenatal Sero-prevalence Survey rate of 26.1%. The rate of antenatal clients initiated on HAART was 64%, well below the national average of 80.4%.

The baby PCR test around 6 weeks uptake rate according to the routine data was 91.8%. The percentage of infants that tested PCR-positive 6 weeks after birth was 3.8%. Data from the National Health Laboratory Services (NHLS) shows that the early infant HIV diagnosis coverage was 62.8%. The proportion of infants who were HIV-positive under two months according to the NHLS was 3.2% and in line with the routine data value.

The rate of HIV-positive infants under 18 months initiated on HAART was 43.2%, this below the national average of 54.4%.

The hypertension detection rate was 0.1%. The mental health case load was 0.8%, the lowest in the province and below the national average of 1.4%.



## Section B: National and District Profiles

The district's 2009 burden of disease (BoD) profile is considered from an analysis of the causes of death. Waterberg's 2009 quality of death certification was poor, with 33.2% of the certificates submitted not being useful for public health analysis. This is above the South African mean of 30.2% and a long way from the internationally recognisable standard of 10%. Of the unusable classifications, 21.6% of deaths were assigned to 'ill-defined' causes and 11.6% to 'garbage codes'. An analysis of the Years of Life Lost (YLLs) after redistribution of the deaths by four broad cause groups reflects that the highest proportion of YLLs was due to Communicable diseases (together with maternal, perinatal and nutritional conditions) (35.4%), followed by non-communicable diseases (27.7%). HIV and TB (24.5%) ranked third whilst the lowest proportion (12.4%) of YLLs was due to injuries.

**Figure 1: Leading causes of Years of Life Lost (YLLs): LP – DC36: Waterberg District Municipality**

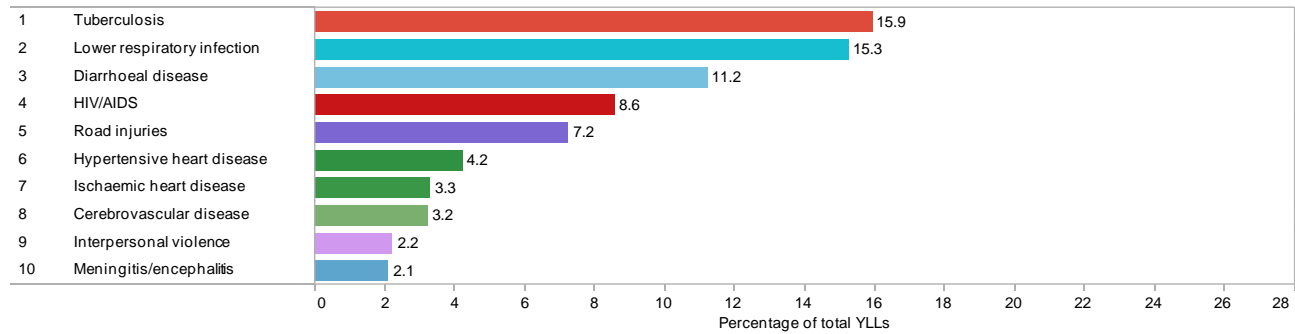


Figure 2: Annual indicators for district: Waterberg: DC36

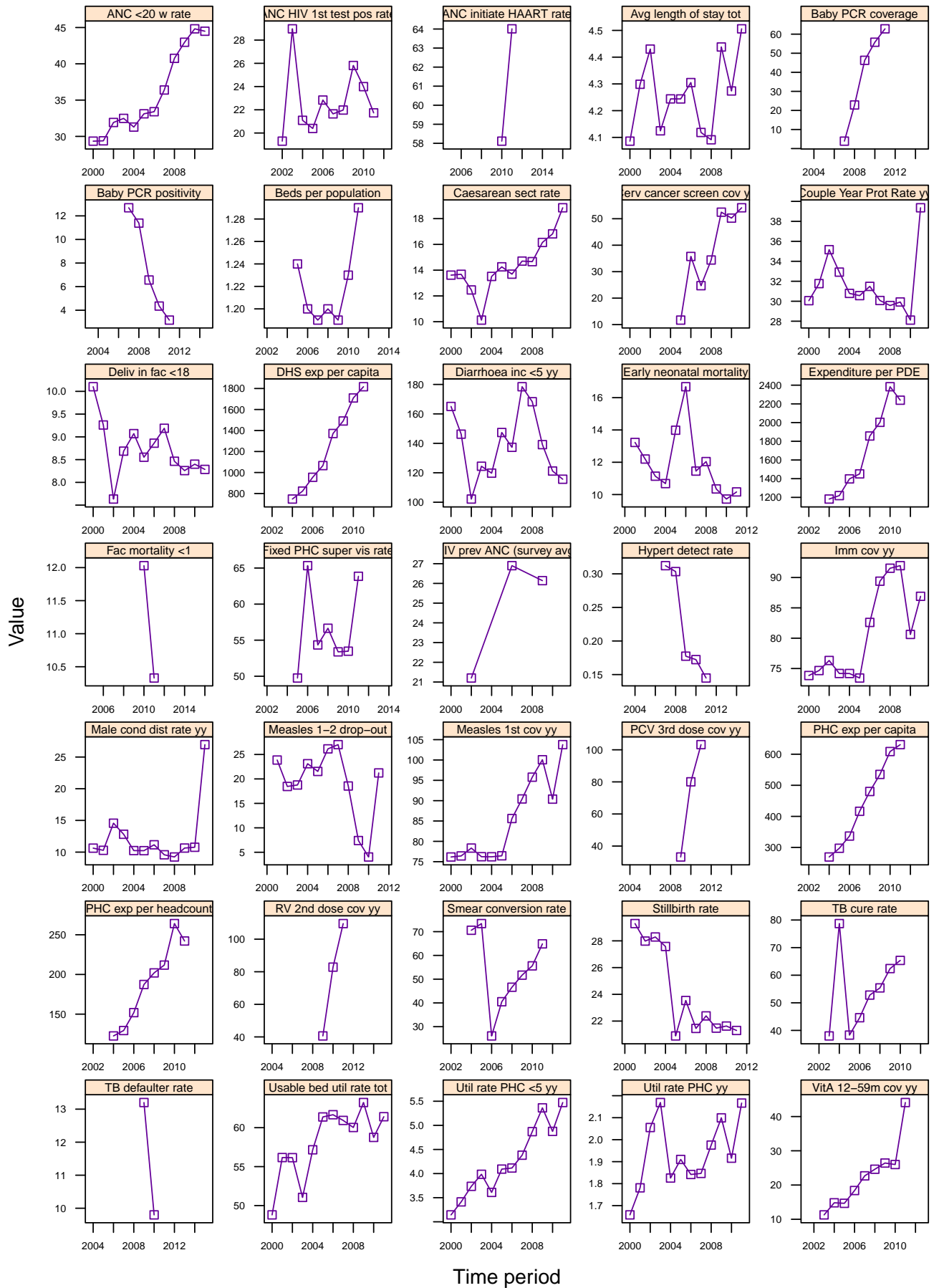
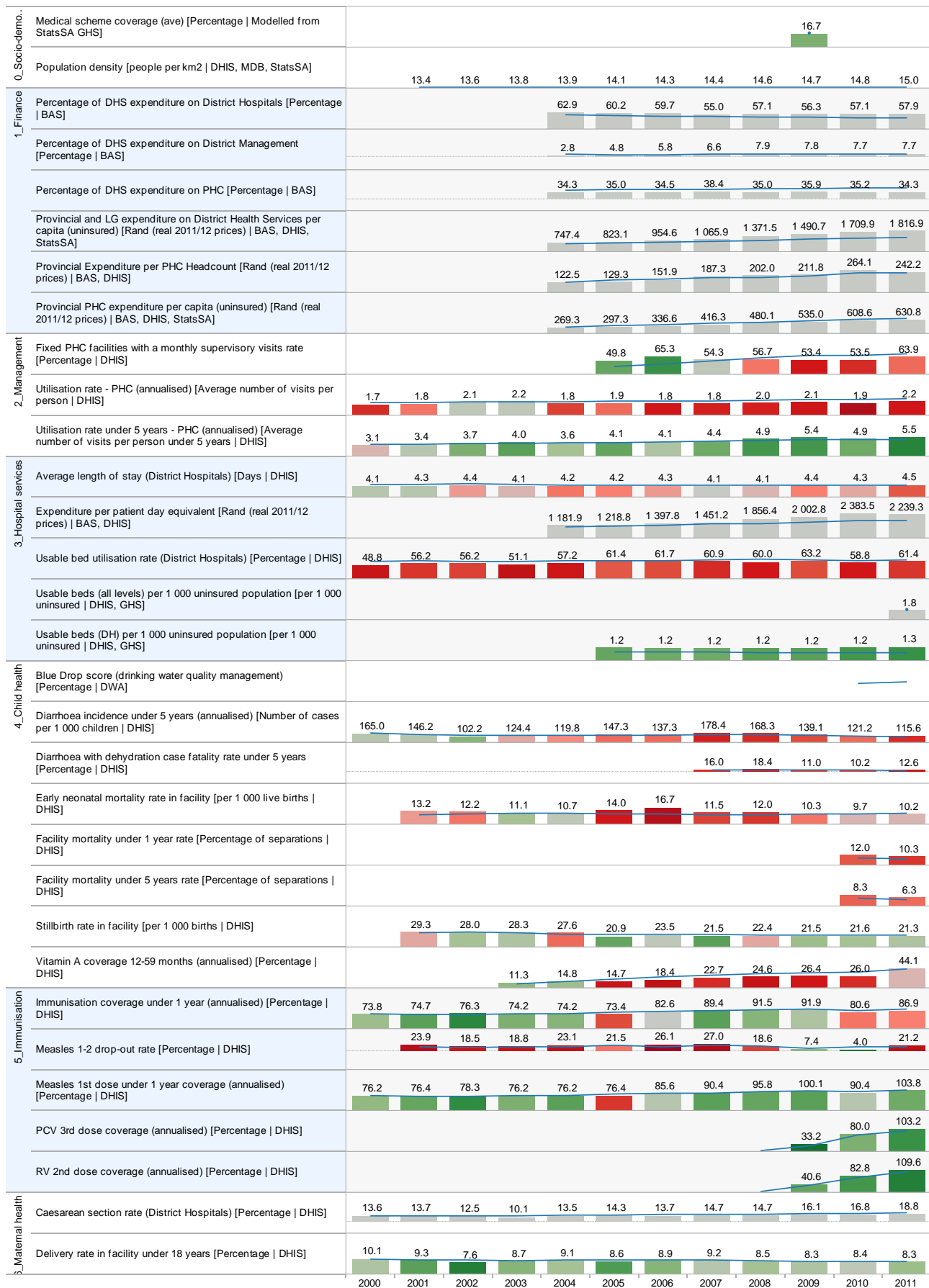
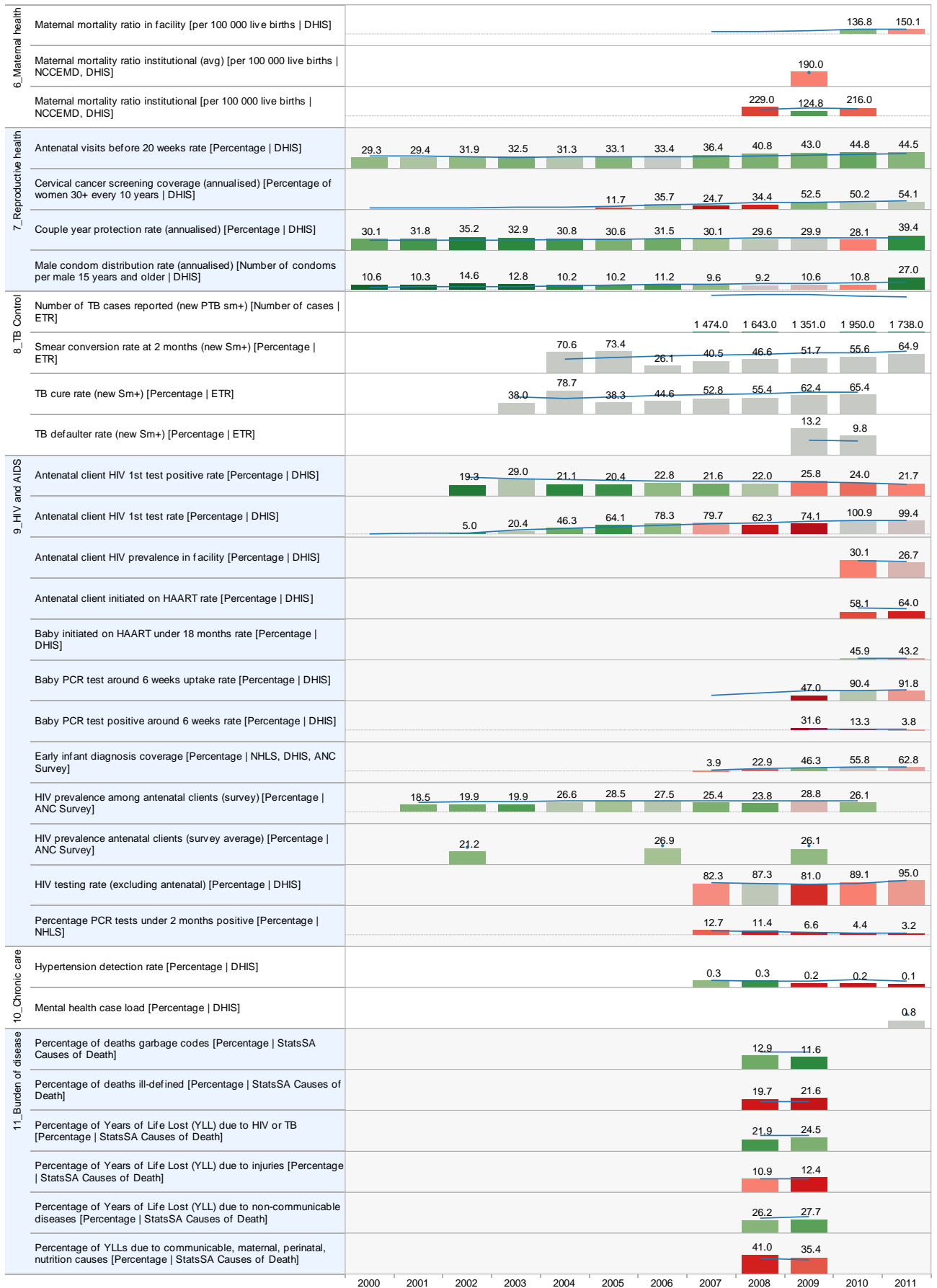


Figure 3: District page: LP – DC36: Waterberg District Municipality



SA value or average District rank (1=best)  
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SA value or average District rank (1=best)  
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## Greater Sekhukhune District Municipality

Greater Sekhukhune district in Limpopo has a population of 998 095 people and has the highest population density at 73.8 people per km<sup>2</sup>. The proportion of the population with medical aid coverage is 7.1%.

The PHC expenditure per capita increased from R518 in 2010/11 to R585 in 2011/12 – the second lowest in the province. The total district per capita expenditure was R1 197 per person, which is lower than the provincial average of R1 350. The PHC expenditure per headcount was R232. The proportion of total district expenditure spent on PHC was 47.0%, with 6.0% spent on district management and 47% on district hospital services.

The PHC fixed facility supervisory rate of 91.4% is the second highest in the province and well above the national average of 74.1%. The PHC utilisation rate was 2.3 visits per person per year, this being lower than the provincial rate of 2.8 visits and the national rate of 2.5 visits. The PHC utilisation rate under 5 years was 6.5 visits per child per year and the highest in the country.

The district has 0.7 district hospital beds per 1 000 population. The bed utilisation rate increased from 63.4% in 2010/11 to 74.4% in 2011/12 – the second highest in the province. The average length of stay was 4.3 days, that same as the national average. The expenditure per PDE was R1 838, which is higher than the national average of R1 653.

Diarrhoeal incidence under 5 years decreased from 96.4 per 1 000 children in 2010/11 to 81.0 – below the national average of 95.9 and the lowest in the province. The mortality rate among children under 5 years due to diarrhoea with dehydration was 7.5%. Vitamin A coverage for children aged to 12 to 59 months at 54% was higher than the national average of 43.4% and the highest in the province.

The stillbirth rate was 21.3 per 1 000 births and the early neonatal death rate 8.4 per 1 000 live births. The under-1 facility mortality rate was 12.4%, the highest in the province and well above the national average of 6.8%. The under-5 facility mortality rate was 6.3%.

The immunisation coverage under 1 year stayed constant at 85.6% and was the lowest in the province. The pneumococcal vaccine 3rd dose coverage increased from 82.1% in 2010/11 to 114.3%<sup>a</sup> in 2011/12 (the highest in the province and second highest in the country). The rotavirus 2nd dose coverage increased from 69.1% to 116.2% (also the highest in the province and fourth highest in the country), while the measles 1st dose under 1 year coverage increased from 108.7% to 118.9% (also the highest in the province and third highest in the country) over the same period. The measles 1st to 2nd dose drop-out rate decreased from 15.1% in 2010/2011 to 14.0% in 2011/12 to be the second lowest in the province.

The Caesarean section rate was 15.7% – the lowest in the province. The proportion of deliveries in facility to women under 18 years was 7.7%. The facility maternal mortality ratio (MMR) recorded in the DHIS was 98.8 per 100 000 live births, the lowest in the province. This value is lower than the 2010 MMR rate of 183.4 per 100 000 live births obtained from the National Committee on Confidential Enquiries into Maternal Deaths data.

The rate of antenatal visits before 20 weeks was 42.5% and the cervical cancer screening coverage 61.1%. The couple year protection rate increased from 32.0% in 2010/11 to 34.3% in 2011/12. The male condom distribution rate increased from 10.9 condoms per male aged 15 and older in 2010/11 to 13.8 in 2011/12, but this was still the lowest in the province.

The TB two-month smear conversion rate increased annually from 50.6% in 2008 to 66.2% in 2011. The new smear-positive TB cure rate improved from 59.9% in 2008 to 74.1% in 2010, while the new smear-positive TB defaulter rate dropped noticeably from 9.2% in 2009 to 5.5% in 2010.

The antenatal client HIV 1st test rate decreased from 110.5%<sup>b</sup> in 2010/11 to 98.9% in 2011/12. The antenatal client HIV 1st test positivity rate dropped from 16.0% in 2010/11 to 14.8% in 2011/12. The antenatal client HIV prevalence (from routine data) was 22.5% in 2010/11 and decreased to 20.3% in 2011/12, well below the national average of 27.9%. The 2010 HIV Antenatal Sero-prevalence Survey data recorded an HIV prevalence rate of 20.2%. The rate of antenatal clients initiated on HAART of 57.7% was below the national average of 80.4%.

The uptake rate of babies that were PCR tested around 6 weeks improved by more than 30 percentage points from 58.4% in 2010/11 to 89.6% in 2011/12. The proportion of babies that tested PCR-positive six weeks after birth decreased drastically from 43.9% in 2010/11 to 4.7% in 2011/12. This is, however, still the highest in the province. Data from the National Health Laboratory Services showed that the early infant HIV diagnosis coverage increased from 44.0% in 2010/11 to 51.5% in 2011/12, while the proportion of infants who were HIV-positive under two months in 2011/12 was 2.8%.

The rate of babies under 18 months initiated on HAART was 65.5%, which is the second highest rate in the province and a great improvement on the district's 42.7% in 2010/11. This figure is also above the national rate of 54.4%.

The hypertension detection rate was 0.3%. Mental health case load was 1.3% of the total case load.

a A coverage rate exceeding 100%, as in these three coverage rates, may be due to poor data quality or an underestimation of the under-1 population.

b A rate exceeding 100% is an indication of poor data quality.

The district's 2009 burden of disease (BoD) profile is considered from an analysis of the causes of death. Greater Sekhukhune's 2009 quality of death certification was relatively good with only 17% of the certificates submitted not being useful for public health analysis. This is well below the South African mean of 30.2% and close to the internationally recognisable standard of 10%. Of the unusable classifications, 6.6% of deaths were assigned to 'ill-defined' causes and 10.4% to 'garbage codes'. An analysis of the Years of Life Lost (YLLs) after redistribution of the deaths by four broad cause groups reflects that the highest proportion of YLLs was due to Communicable diseases (together with maternal, perinatal and nutritional conditions) (46.5%), followed by non-communicable diseases (27.8%). HIV and TB (17.6%) ranked third whilst the lowest proportion (8.2%) of YLLs was due to injuries.

**Figure 1: Leading causes of Years of Life Lost (YLLs): LP – DC47: Greater Sekhukhune District Municipality**

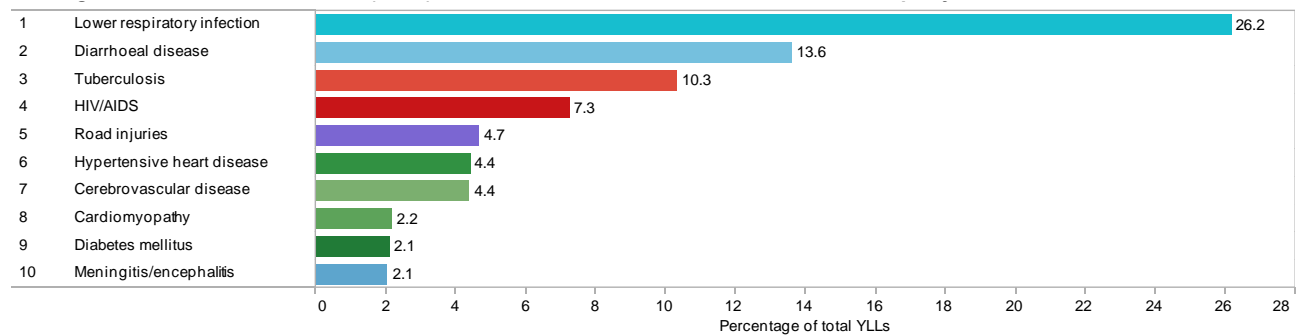


Figure 2: Annual indicators for district: Greater Sekhukhune: DC47

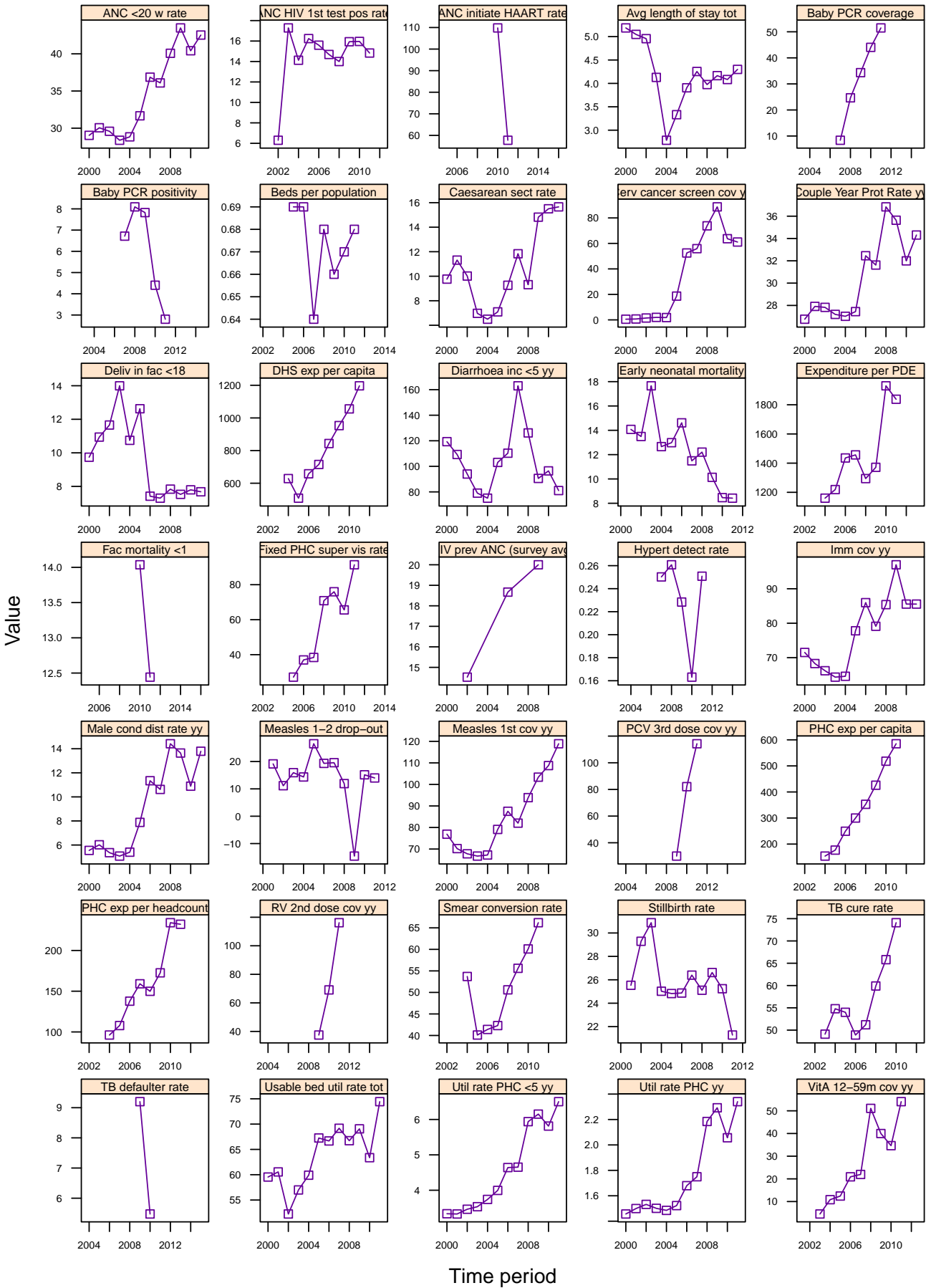
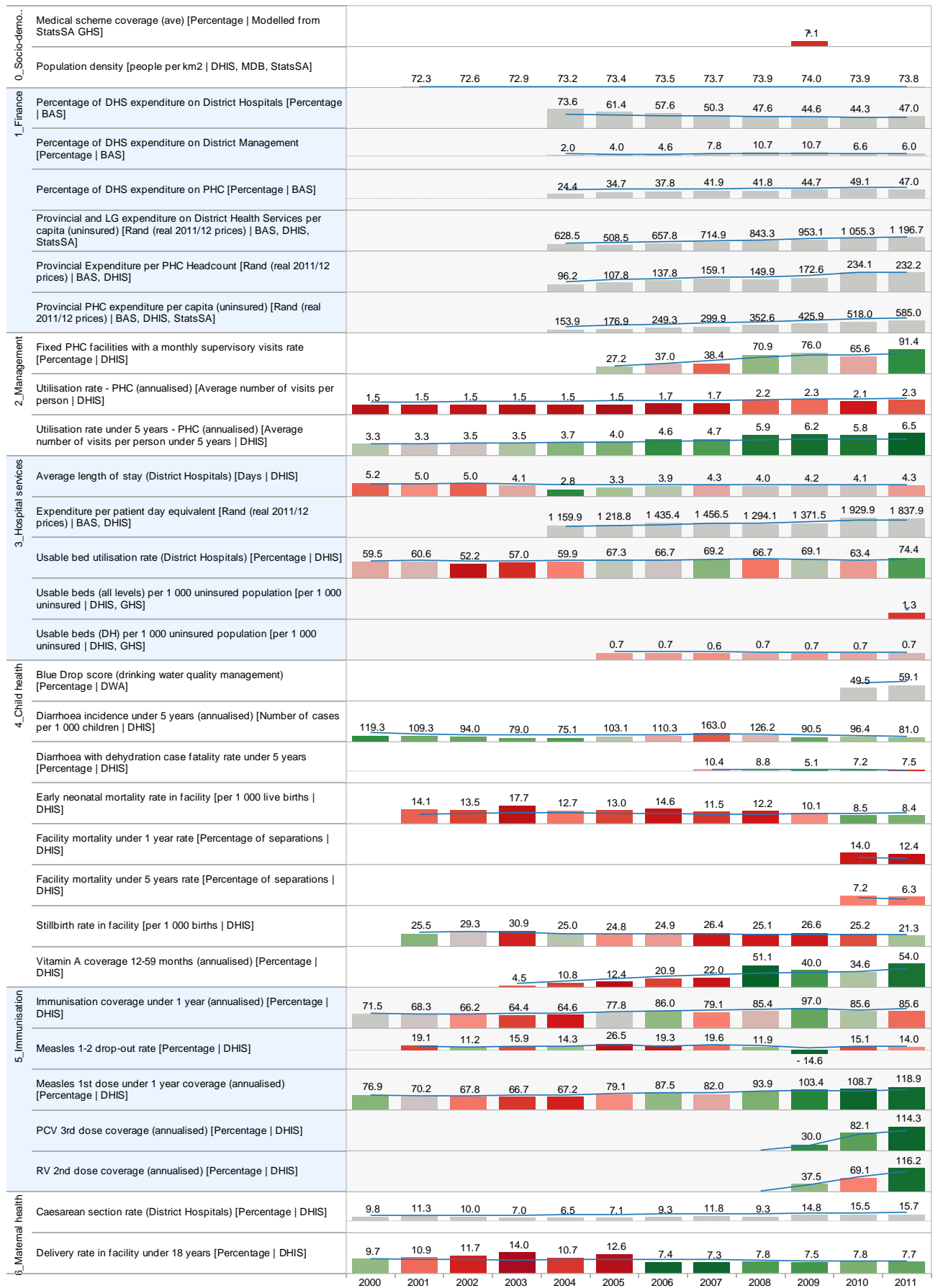


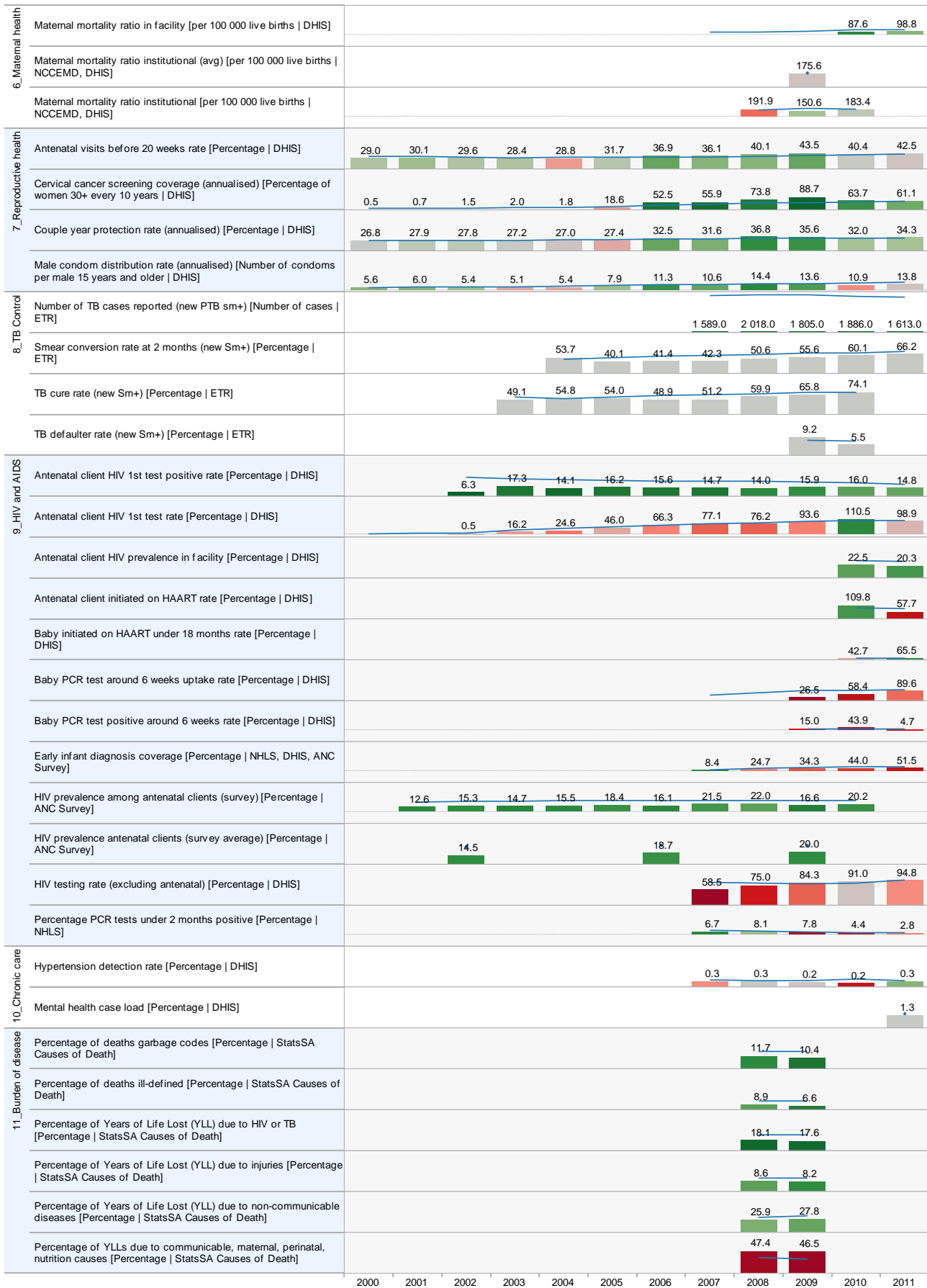
Figure 3: District page: LP – DC47: Greater Sekhukhune District Municipality



SA value or average District rank (1=best)  
 ■ ZA\_av 1 ■ 52



## Section B: National and District Profiles



SA value or average District rank (1=best)  
 ■ ZA\_av 1 ■ 52